



# REQUEST FOR HEARING BEFORE THE CLARK COUNTY AIR POLLUTION CONTROL HEARING BOARD

## Appeal of Corrective Action Order

**1. Name, address, telephone number of Appellant:**

Name: \_\_\_\_\_

(Please print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Appellant Type:** Individual, Partnership, Corporation, Limited Liability Company,

Other: \_\_\_\_\_

**3. Other person or persons authorized to receive service of notice:**

Name: \_\_\_\_\_

(Please print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Type of business or activity and location of activity involved in the request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Nature of request: appeal of Control Officer Orders, Corrective Action Orders (CAOs), or other relief:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Section(s) of the regulations, permit condition(s), or order involved in the request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Reason for submitting request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Information for request for Appeal:**

a. Name: \_\_\_\_\_  
(Please print)  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

b. Is activity permitted with the Department of Air Quality?

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

c. Give all particulars which will enable the Hearing Board to evaluate the merits of the Appeal request including, but not limited to (attach extra pages and other information as necessary):

- 1) Map showing location of activity.
- 2) Complete description of the activity including, where applicable, a flow diagram and all information which may be useful in evaluating the pollution potential of the activity or determining the nature of air pollution control that is needed.

- 3) Qualitative and quantitative analysis of emissions resulting from such activity (where applicable).
  - 4) Requirement(s) and date(s) that such can be met
  - 5) Detailed description of action to be taken to meet these requirements, including type, cost, and design and operating features of any control equipment to be installed.
9. **For other requests, give any particulars, which might help the Board in reaching a decision on the request.**
10. **An application filing fee of \$140.00 must accompany this application. This fee is non-refundable. Please make check payable to the Department of Air Quality and mail to 4701 W. Russell Road, Suite 200, Las Vegas, NV 89118.**

The appellant or a representative of the appellant must be present at the hearing board meeting to answer any questions by the Air Pollution Control Hearing Board Members. **Please include any supporting documentation with this form for distribution to the respective board members.**

**I affirm that all statements made on this application are true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received on \_\_\_\_\_

Application Fee \$140.00 - Check /Cash \_\_\_\_\_ Received Date: . \_\_\_\_\_